

# UTILITY PATENT APPLICATION TRANSMITTAL

☐ DUPLICATE

Address to:  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

|   |                  |
|---|------------------|
| Attorney Docket No.                     | SIGU3006/JEK/JJC |
| First Named Inventor<br>(or identifier) | SIGURJONSSON     |
| Total Pages                             | 66               |

Transmitted herewith is a patent application under 37 CFR 1.53(b).

Entitled: **WOUND DRESSING**

- ☒ 1. Submitted herewith are the following:

41 pages of specification.  
☒ Abstract.  
10 sheet(s) of drawings.  
20 claim(s).  
☒ Oath/Declaration signed by each inventor.  
☒ Application Data Sheet.  
☐ Preliminary Amendment.  
☒ Information Disclosure Statement(s).  
3 pages of Form PTO-1449, and one copy of each foreign document listed thereon.  
☒ Assignment of the invention, Cover Sheet, and payment of the \$ 40.00 recordal fee.  
☐ certified copy of application no. \_\_\_\_\_ filed in \_\_\_\_\_. Priority is claimed.  
☒ check in the amount of \$ 810.00 including any assignment recordal fee.

- ☐ 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.


- ☒ 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.

- ☐ 4. Insert before the first sentence of the specification: - - This application claims the benefit of provisional application number \_\_\_\_\_ filed \_\_\_\_\_. - -

- ☐ 5. Insert before the first sentence of the specification: - - This application is a Continuation-in-part of nonprovisional application number \_\_\_\_\_ filed \_\_\_\_\_. - -

- ☐ 6. Other: \_\_\_\_\_

The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; Benjamin E. Urcia, Reg. No. 33,805 and Justin J. Cassell, Reg. No. 46,205.

|   |                   |                   |  |  |          |
|---|-------------------|-------------------|--|--|----------|
| THE FILING FEE IS CALCULATED AS FOLLOWS:                |                   |                   |  | Basic Fee:                               | \$770.00 |
| Total Claims:   | 20                | - 20 =            | 0  | X \$18 =                                 | \$0.00   |
| Independent Claims:                                     | 3                 | - 3 =             | 0  | X \$86 =                                 | \$0.00   |
| Correspondence Address:<br><br>23364<br>Customer Number |                   |                   |  | Multiple Dependent Claim (add \$290.00): |          |
|   |                   |                   |  | Subtotal:                                | \$770.00 |
|   |                   |                   |  | 50% Reduction if Small Entity Status:    |          |
| Phone: 703-683-0500                                     |                   | Fax: 703-683-1080 |  | Total:                                   | \$770.00 |
| Date:   | Name:             |                   | Signature:   |  | Reg. No. |
| December 3, 2003  | JUSTIN J. CASSELL |                   |  |  | 46,205   |